

Inventory / CCP Tracking Report

Printed By : KWALTON/Data Ops
 Printed Date : 07/24/06

Facility : **FA0029134** **FRED R RIPPY INC** Phone : 562-698-9801
 City Code: **WHIT** 12471 E WASHINGTON BLVD WHITTIER **90602**
 Owner : OW0029134 CareOf: CAROL CASTILLO Work Phone : 562-698-9801
 FRANCINE H RIPPY DBA: FRED R RIPPY INC Home Phone : Not Specified
 12471 E WASHINGTON BLVD
 WHITTIER CA 90602

Cert Mail :

Dunn / Brad : 008277394

SIC : 3469 Metal stampings, nec

Program Element : 3001 HM HANDLER, FEE GROUP 01
 01

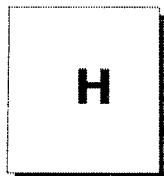
Previous Record : TBA

District : SOUTHEAST

Station : 028

Inventory Tracking MilestonesDate CompletedTo Do Next**Inventory**

* Current Status

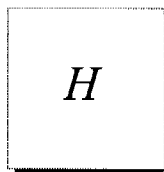


Report Year	2005	07/24/06
Package Sent Date	12/01/2005	
Package Received Date	01/24/2006	
Correction Notice Sent Date		
Correction Received Date		
Note	FRANCINE H. RIPPY, OWNER, 1-23-06	

*Forward to District
Office*

CCP Tracking Milestones**CCP**

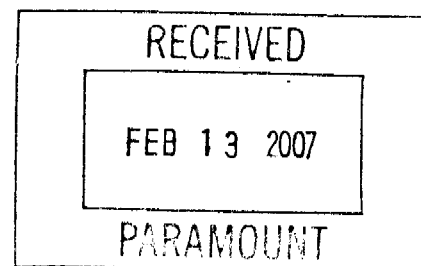
* Current Status



Report Year	2003
Package Received Date	12/18/2003
Correction Notice Sent Date	
Correction Received Date	
Site Map Filing Date	

Cal-ARP section --

RS : No





LOS ANGELES COUNTY FIRE DEPARTMENT
HEALTH HAZARDOUS MATERIALS DIVISION
5825 Rickenbacker Road, Commerce, CA 90040

HAZARDOUS MATERIALS STATE REPORTING PACKET

Enclosed is your latest Hazardous Materials Inventory Statement. Please carefully review it for accuracy. The requirements for submitting a Consolidated Contingency Plan have changed (see page *1). If you require assistance contact the Data Operations Unit at (323) 890-4000, Monday through Friday, 9:00 A.M. to 4:00 P.M.; For additional forms refer to our web site at www.lacofd.org/hhazmat.htm

The Department recommends use of CERTIFIED MAIL to ensure delivery of these forms before the December 31st deadline to avoid late fees. Sign and date the Annual Certification section below and keep a copy of the entire package for your records.

RE-CERTIFICATION PROCEDURE

Please check the appropriate box(es).

- ☐ **Delete:** If you no longer handle the materials listed on the Inventory Statement provided *Write Delete* across the discontinued material.
- ☐ **Add:** If you are handling materials not previously disclosed *Make copies of the Chemical Description Form and complete all information required* (one form per chemical).
- ☐ **Revise/Update:** Cross out any errors on the Inventory Statement and *Clearly Print* the correct information.
- ☒ **No Change:** There has been no change in the quantity of any hazardous material as reported.
- ☐ **Change:** Mark this Box if you are updating the Consolidated Contingency Plan.
- ☒ **No Change:** Mark this Box if the Consolidated Contingency Plan on file is correct and complete.
- ☐ **Regulated Substance Registration:** If you are handling a Regulated Substance not previously disclosed, you must also *complete* the Registration Substance Registration form. Complete only if substance is at or above threshold Quantity (TQ). A list of Regulated Substances is attached for reference.

THE SUBMITTAL OF THE HAZARDOUS MATERIALS STATE REPORTING FORMS CONTAIN ALL OF THE REQUIRED STATE AND FEDERAL INVENTORY INFORMATION AND SATISFIES THE REQUIREMENTS OF BOTH STATE AND FEDERAL REGULATIONS.

ANNUAL CERTIFICATION

I certify under penalty of law that I have personally examined the information submitted herein is complete, accurate and up to date. Also, no hazardous materials subject to the inventory requirements of this chapter, (California Health & Safety Code Chapter 6.95) are being handled that are not listed on the most recently submitted annual inventory form.

Yuri Strauss
Print Name of Document Preparer

Francine H. Rippy
Print Name of Owner/Operator

Francine H. Rippy
Signature of Owner/Operator

12471 E. Washington Blvd. Whittier
Facility/Site Address

1/23/06
Date

FA0029134
FRED R RIPPY INC
12471 E WASHINGTON BLVD

Received
JAN 24 2006
HHMD - Data Ops
HHMD-HAZMATS PKG.FEB 2004

UNIFIED PROGRAM (UP) FORM

BUSINESS OWNER/OPERATOR IDENTIFICATION (LACoCUPA Form 2730)

☐ NEW BUSINESS ☐ OUT OF BUSINESS ☒ REVISE/UPDATE (EFFECTIVE 01/01/2006)

PAGE 1 OF 2

I. IDENTIFICATION

FACILITY ID#	1	9	9	9	9	0	0	5	3	0	9	BEGINNING DATE	100	2006/01/01	ENDING DATE	101	2006/12/31	
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)													3	BUSINESS PHONE				102
FRED R. RIPPY, INC.														562-698-9801				
BUSINESS SITE ADDRESS																		103
12471 E. WASHINGTON BLVD.																		
CITY	WHITTIER										104	CA	ZIP CODE	90602				105
DUN & BRADSTREET	008277394										106	SIC CODE (4 digit #)	3469				107	
COUNTY	LOS ANGELES										108	UNINCORPORATED	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				133a	
BUSINESS OPERATOR NAME													109	BUSINESS OPERATOR PHONE				110
FRANCINE H. RIPPY														562-698-9801				

II. BUSINESS OWNER

OWNER NAME	111	OWNER PHONE	112					
FRANCINE H. RIPPY		562-698-9801						
OWNER MAILING ADDRESS				113				
12471 E. WASHINGTON BLVD.								
CITY	WHITTIER	114	STATE	CA	115	ZIP CODE	90602	116

III. ENVIRONMENTAL CONTACT

CONTACT NAME	117	CONTACT PHONE	118					
BRYAN VIG		562-698-9801						
CONTACT MAILING ADDRESS				119				
12471 E. WASHINGTON BLVD.								
CITY	WHITTIER	120	STATE	CA	121	ZIP CODE	90602	122

IV. EMERGENCY CONTACTS

PRIMARY		SECONDARY	
NAME	123	NAME	128
BRYAN VIG		FRANCINE H. RIPPY	
TITLE	124	TITLE	129
GENERAL MANAGER		OWNER	
BUSINESS PHONE	125	BUSINESS PHONE	130
562-698-9801		562-698-9801	
24-HOUR PHONE	126	24-HOUR PHONE	131
Exemption 6: Privacy		Exemption 6: Privacy	
PAGER #	127	PAGER #	132
562-900-8934			
E-MAIL ADDRESS (if any)	133b	E-MAIL ADDRESS (if any)	133b
bvig@frippy.com			

V. ADDITIONAL LOCALLY COLLECTED INFORMATION

FEDERAL TAX IDENTIFICATION NUMBER	95-2041097	133c
NAME, POSITION, AND DATE OF BIRTH FRANCINE H. RIPPY, OWNER, 10-17-38		
DRIVER'S LICENSE NUMBER AND STATE		

MAILING/ BILLING INFORMATION

ADDRESS	133d	CITY	133e	STATE	133f	ZIP CODE	133g
12471 E. WASHINGTON BLVD.		WHITTIER		CA		90602	

Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE	134	NAME OF DOCUMENT PREPARER	135
<i>Francine H. Rippey</i>	1/23/06		YURI E. STRAUSS	
NAME OF SIGNER (print)	136	TITLE OF SIGNER	137	
FRANCINE H. RIPPY		CEO		

OFFICIAL USE ONLY	UP Form	HW	HM	ARP	APST	UST	TP	CUPA	PA
INSPECTOR	DISTRICT	DATE OF INSP.	DIVISION	BATTALION	STATION				

Unified Program (UP) Form CONSOLIDATED CONTINGENCY PLAN

COVER PAGE

FACILITY IDENTIFICATION			
BUSINESS NAME FRED R. RIPPY, INC	3	FACILITY ID # 1 19-999-005309	
SITE ADDRESS 12471 E. WASHINGTON BLVD.	103	CITY WHITTIER	104
		ZIP CODE	105 90602

The Consolidated Contingency Plan provides businesses a format to comply with the emergency planning requirements of the following three written hazardous materials emergency response plans required in California:

- ❖ Hazardous Materials Business Plan (HSC Chapter 6.95 Section 25504 (b) and 19 CCR Sections 2729-2732),
- ❖ Hazardous Waste Generator Contingency Plan (22 CCR Section 66264.52), and,
- ❖ Underground Storage Tank Emergency Response Plan and Monitoring Program (23 CCR Sections 2632 and 2641).

This format is designed to reduce duplication in the preparation and use of emergency response plans at the same facility, and to improve the coordination between facility response personnel and local, state and federal emergency responders during an emergency. Use the chart below to determine which sections of the Consolidated Contingency Plan need to be completed for your facility. If you are unsure as to which programs your facility is subject to, refer to the Business Activities Page.

PROGRAMS	SECTION(S) TO BE COMPLETED
Hazardous Materials Business Plan (HMBP)	Cover Page, Section I, and Site Map(s)
Hazardous Waste Generator (HWG)	Cover Page, Section I, and Site Map(s)
Underground Storage Tank (UST)	Cover Page, Sections I and II, and Site Map(s)
HMBP, HWG, UST	Cover Page, Sections I and II, and Site Map(s)

A copy of the plan shall be submitted to your local CUPA and at least one copy of the plan shall be maintained at the facility for use in the event of an emergency and for inspection by the local agency. Describe below where a copy of your Contingency Plan, including the hazardous material inventories and Site Map(s), is located at your business:

SOUTH WEST CORNER BY RECEIVING OFFICE ON BULLETIN BOARD

PLAN CERTIFICATION	
<i>I certify under penalty of law that I have personally examined and I am familiar with the information provided by this plan and to the best of my knowledge the information is accurate, complete, and true.</i>	
Printed Name of Owner/ Operator FRANCINE H. RIPPY	Title of Owner/Operator OWNER/CEO
Signature of Owner/ Operator 	Date 1/23/2006

We appreciate the effort of local businesses in completing these plans and will assist in every possible way. If you have any questions, please contact your local CUPA or PA.

OFFICIAL USE ONLY			DATE RECEIVED		REVIEWED BY	
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA

Unified Program (UP) Form
CONSOLIDATED CONTINGENCY PLAN

ADVISORY

The site-specific Contingency Plan is the facility's plan for dealing with emergencies and shall be implemented immediately whenever there is a fire, explosion, or release of hazardous materials that could threaten human health and/or the environment. The contingency plan shall be reviewed, and immediately amended, if necessary, whenever:

- ❖ the plan fails in an emergency,
- ❖ the facility changes in its design, construction, operation, maintenance, or other circumstances in a way that materially increases the potential for fires, explosions, or releases of hazardous waste or hazardous waste constituents, or changes the response necessary in an emergency,
- ❖ the list of emergency coordinators changes, or
- ❖ the list of emergency equipment changes.

Submit a copy of any updates or changes to your local CUPA or PA.

UST owners/operators be advised that the local UST agency, CUPA or PA, must be notified within 30 days of any changes to the monitoring procedures listed in the UST Emergency Response and Monitoring Plan as found Section II of the Consolidated Contingency Plan.

**Unified Program (UP) Form
CONSOLIDATED CONTINGENCY PLAN**

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

I. FACILITY IDENTIFICATION			
BUSINESS NAME FRED R. RIPPY, INC.		3	FACILITY ID # 1 19-999-005309
SITE ADDRESS 12471 E. WASHINGTON BLVD.		103	CITY WHITTIER
		104	ZIP CODE 105 90602
II. EMERGENCY CONTACTS			
PRIMARY		SECONDARY	
NAME CAROL CASTILLO	123	NAME YURI STRAUSS	128
TITLE CONTROLLER	124	TITLE SAFETY COORDINATOR	129
BUSINESS PHONE 562-698-9801	125	BUSINESS PHONE 562-698-9801	130
24-HOUR PHONE	126	24-HOUR PHONE	131
PAGER #	127	PAGER #	132
III. EMERGENCY RESPONSE PLANS AND PROCEDURES			
A. Notifications			
<p>Your business is required by State Law to provide an immediate verbal report of any release or threatened release of a hazardous material to local fire emergency response personnel, this Unified Program Agency (CUPA or PA), and the Office of Emergency Services. If you have a release or threatened release of hazardous materials, immediately call:</p> <p style="text-align: center;">FIRE/PARAMEDICS/POLICE/SHERIFF PHONE: 911</p> <p>AFTER the local emergency response personnel are notified, you shall then notify this Unified Program Agency and the Office of Emergency Services.</p> <p>Local Unified Program Agency: (323) 890 - 4317 State Office of Emergency Service: (800) 852-7550 or (916) 262-1621 National Response Center: (800) 424-8802</p>			
Information to be provided during Notification:			
<ul style="list-style-type: none"> ❖ Your Name and the Telephone Number from where you are calling. ❖ Exact address of the release or threatened release. ❖ Date, time, cause, and type of incident (e.g. fire, air release, spill etc.) ❖ Material and quantity of the release, to the extent known. ❖ Current condition of the facility. ❖ Extent of injuries, if any. ❖ Possible hazards to public health and/ or the environment outside of the facility. 			
B. Emergency Medical Facility			
List the local emergency medical facility that will be used by your business in the event of an accident or injury caused by a release or threatened release of hazardous material			
HOSPITAL/CLINIC: PRESBYTERIAN INTERCOMMUNITY HOSPITAL		PHONE NO: 562-698-0811	
ADDRESS: 12401 WASHINGTON BLVD.			
CITY: WHITTIER		ZIP CODE: 90602	

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DIV	BN	STA	OTHER	DISTRICT	CUPA	PA

**Unified Program (UP) Form
CONSOLIDATED CONTINGENCY PLAN**

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

C. Private Emergency Response

DOES YOUR BUSINESS HAVE A PRIVATE ON-SITE EMERGENCY RESPONSE TEAM? ☐ Yes ☒ No
If yes, provide an attachment that describes what policies and procedures your business will follow to notify your on-site emergency response team in the event of a release or threatened release of hazardous materials.

CLEANUP/DISPOSAL CONTRACTOR

List the contractor that will provide cleanup services in the event of a release.

NAME OF CONTRACTOR:

PHONE NO:

--

ADDRESS:

CITY:

ZIP CODE:

D. Arrangements With Emergency Responders

If you have made special (i.e. contractual) arrangements with any police department, fire department, hospital, contractor, or State or local emergency response team to coordinate emergency services, describe those arrangements on the lines below:

NONE

E. Evacuation Plan

1. The following alarm signal(s) will be used to begin evacuation of the facility (*check all which apply*):

☒ Verbal ☒ Telephone (*including cellular*) ☐ Alarm System ☐ Public Address System ☐ Intercom
☐ Pagers ☐ Portable Radio ☒ Other (*specify*): LONG CONTINUOUS BLAST OF BUZZER

2. ☒ Evacuation map is prominently displayed throughout the facility.

3. ☒ Individual(s) responsible for coordinating evacuation including spreading the alarm and confirming the business has been evacuated:

CAROL CASTILLO

F. Earthquake Vulnerability

Identify areas of the facility where releases could occur or would require immediate inspection or isolation because of the vulnerability to earthquake related ground motion.

☐ Hazardous Waste/ Hazardous Materials Storage Areas ☒ Production Floor ☐ Process Lines
☐ Bench/ Lab ☐ Waste Treatment ☐ Other:

Identify mechanical systems where releases could occur or would require immediate inspection or isolation because of the vulnerability to earthquake related ground motion.

☐ Utilities ☐ Sprinkler Systems ☐ Cabinets ☒ Shelves
☒ Racks ☐ Pressure Vessels ☐ Gas Cylinders ☐ Tanks
☐ Process Piping ☐ Shutoff Valves ☐ Other:

**Unified Program (UP) Form
CONSOLIDATED CONTINGENCY PLAN**

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

G.	Emergency Procedures
Briefly describe your business standard operating procedures in the event of a release or threatened release of hazardous materials:	
1.	PREVENTION (prevent the hazard) - Describe the kinds of hazards associated with the hazardous materials present at your facility. What actions would your business take to prevent these hazards from occurring? You may include a discussion of safety and storage procedures. ACCUSTAMP AND SAF-WAY OILS MAY CAUSE MILD IRRITATION TO SKIN; ALL EMPLOYEES ARE INSTRUCTED IN PROPER USE AND HANDLING ACETYLENE, PROPANE, AND OXYGEN. INHALATION/ASPHYXANT. FIRE RESTRICTED TO 1 OR 2 EXPERIENCED EMPLOYEES ONLY
2.	MITIGATION (reduce the hazard) - Describe what is done to lessen the harm or the damage to person(s), property, or the environment, and prevent what has occurred from getting worse or spreading. What is your immediate response to a leak, spill, fire, explosion, or airborne release at your business? ACCUSTAMP AND SAF-WAY LUBE - PRODUCT IS STORED IN CLOSED CONTAINERS. SPILL CONTAINING EQUIPMENT IS AVAILABLE TO DIKE AREA TO CONTAIN SPILL. ACETYLENE, PROPANE AND OXYGEN - STORED IN COOL WELL VENTILATED AREA. SHUT OFF FLOW IF WITHOUT RISK.
3.	ABATEMENT (remove the hazard) - Describe what you would do to stop and remove the hazard. How do you handle the complete process of stopping a release, cleaning up, and disposing of released materials at your facility? ACCUSTAMP AND SAF-WAY LUBE - RECOVER SPILL WITH ABSORBENT MATERIAL. PLACE IN SEALED CONTAINER. DISPOSE FOLLOWING MATERIAL SAFETY DATA SHEET INSTRUCTIONS. ACETYLENE, PROPANE AND OXYGEN - REMOVE ALL SOURCES OF IGNITION IF WITHOUT RISK. REDUCE VAPORS WITH FOG OR FINE WATER SPRAY.

Unified Program (UP) Form
CONSOLIDATED CONTINGENCY PLAN

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

IV. Emergency Equipment

22 CCR, Section 66265.52(e) [as referenced by Section 66262.34(a)(3)] requires that emergency equipment at the facility be listed. Completion of the following Emergency Equipment Inventory Table meets this requirement.

EMERGENCY EQUIPMENT INVENTORY TABLE

1. Equipment Category	2. Equipment Type	3. Location *	4. Description**
Personal Protective, Equipment, Safety Equipment, and First Aid Equipment	<input checked="" type="checkbox"/> Cartridge Respirators	7-F	STANDARD ISSUE
	<input type="checkbox"/> Chemical Monitoring Equipment (describe)		
	<input type="checkbox"/> Chemical Protective Aprons/Coats		
	<input type="checkbox"/> Chemical Protective Boots		
	<input checked="" type="checkbox"/> Chemical Protective Gloves	7-F	RUBBER/STANDARD ISSUE
	<input type="checkbox"/> Chemical Protective Suits (describe)		
	<input checked="" type="checkbox"/> Face Shields	7-E	STANDARD ISSUE
	<input checked="" type="checkbox"/> First Aid Kits/Stations (describe)	8-G, 6-4-F, 4-B	INSTALLED / STANDARD ISSUE
	<input type="checkbox"/> Hard Hats		
	<input type="checkbox"/> Plumbed Eye Wash Stations		
	<input checked="" type="checkbox"/> Portable Eye Wash Kits (i.e. bottle type)	8-G	15 MIN. RINSE/PORTABLE
	<input checked="" type="checkbox"/> Respirator Cartridges (describe)	7-F	STANDARD ISSUE/BLACK (ORGANIC VAPOR)
	<input checked="" type="checkbox"/> Safety Glasses/Splash Goggles		SAFETY GLASSES FOR EMPLOYEES
	<input type="checkbox"/> Safety Showers		
Fire Extinguishing Systems	<input type="checkbox"/> Automatic Fire Sprinkler Systems		
	<input type="checkbox"/> Fire Alarm Boxes/Stations		
	<input checked="" type="checkbox"/> Fire Extinguisher Systems (describe)	SITE MAP	16 ABC WALL UNITS
	<input type="checkbox"/> Other (describe)		
Spill Control Equipment and Decontamination Equipment	<input checked="" type="checkbox"/> Absorbents (describe)	8-G, 3-D	SOC's OIL 3" X 4' PIG-TAIL ,PADS, AND SAW-DUST
	<input type="checkbox"/> Berms/Dikes (describe)		
	<input type="checkbox"/> Decontamination Equipment (describe)		
	<input type="checkbox"/> Emergency Tanks (describe)		
	<input type="checkbox"/> Exhaust Hoods		
	<input type="checkbox"/> Gas Cylinders Leak Repair Kits (describe)		
	<input type="checkbox"/> Neutralizers (describe)		
	<input type="checkbox"/> Overpack Drums		
	<input type="checkbox"/> Sumps (describe)		
Communications and Alarm Systems	<input type="checkbox"/> Chemical Alarms (describe)		
	<input type="checkbox"/> Intercoms/ PA Systems		
	<input type="checkbox"/> Portable Radios		
	<input checked="" type="checkbox"/> Telephones		TELEPHONES AND CELLULAR PHONES
	<input type="checkbox"/> Underground Tank Leak Detection Monitors		
Additional Equipment (Use Additional Pages if Needed.)	<input checked="" type="checkbox"/> Other (describe)		BUZZER

* Use the Location Codes (LC) from the Site Map(s) prepared for your Contingency Plan.

** Describe the equipment and its capabilities. If applicable, specify any testing/maintenance procedures/intervals. Attach additional pages, numbered appropriately, if needed.

Unified Program (UP) Form CONSOLIDATED CONTINGENCY PLAN

SITE MAP

A site plan and storage map must be included with your Contingency Plan. For relatively small facilities, these documents may be combined into one drawing. Since these drawings are intended for use in emergency response situations, larger facilities (*generally those with complex and/or multiple buildings*) should provide an overall site plan and a separate storage map for each building/storage area. A blank Facility Site Map has been provided on the reverse side of this page. You may complete that page or attach any other drawing(s) which contain(s) the information required below.

1. Site Plan: This drawing shall contain, at a minimum, the following information:

- a. Site Orientation (north, south, etc.);
- b. Approximate scale (e.g. "1 inch = 10 feet");
- c. Date the map was drawn;
- d. Locations of all buildings and other structures;
- e. Parking lots and internal roads;
- f. Hazardous materials loading/unloading areas;
- g. Outside hazardous materials storage or use areas;
- h. Storm drain and sanitary sewer drain inlets;
- i. Wells for monitoring of underground tank systems;
- j. Primary and alternate evacuation routes, emergency exits, and primary and alternate staging areas;
- k. Adjacent property use;
- l. Locations and names of adjacent streets and alleys;
- m. Access and egress points and roads.

2. Storage Map(s): The map(s) shall contain, at a minimum, the following information:

- a. General purpose of each section/area within each building (e.g. "Office Area", "Manufacturing Area", etc.);
- b. Location of each hazardous material/waste storage, dispensing, use, or handling area (e.g. *individual underground tanks, aboveground tanks, storage rooms, paint booths, etc.*). Each area shall be identified by a unique location code number, letter, or name (e.g. "1", "2", "3", "A", "B", "C", etc.);
- c. Entrances to and exits from each building and hazardous material/waste room/area;
- d. Location of each utility emergency shut-off point (i.e. *gas, water, electric*);
- e. Location of each monitoring system control panel (e.g. *underground tank monitoring, toxic gas monitoring, etc.*).

3. Map Legend

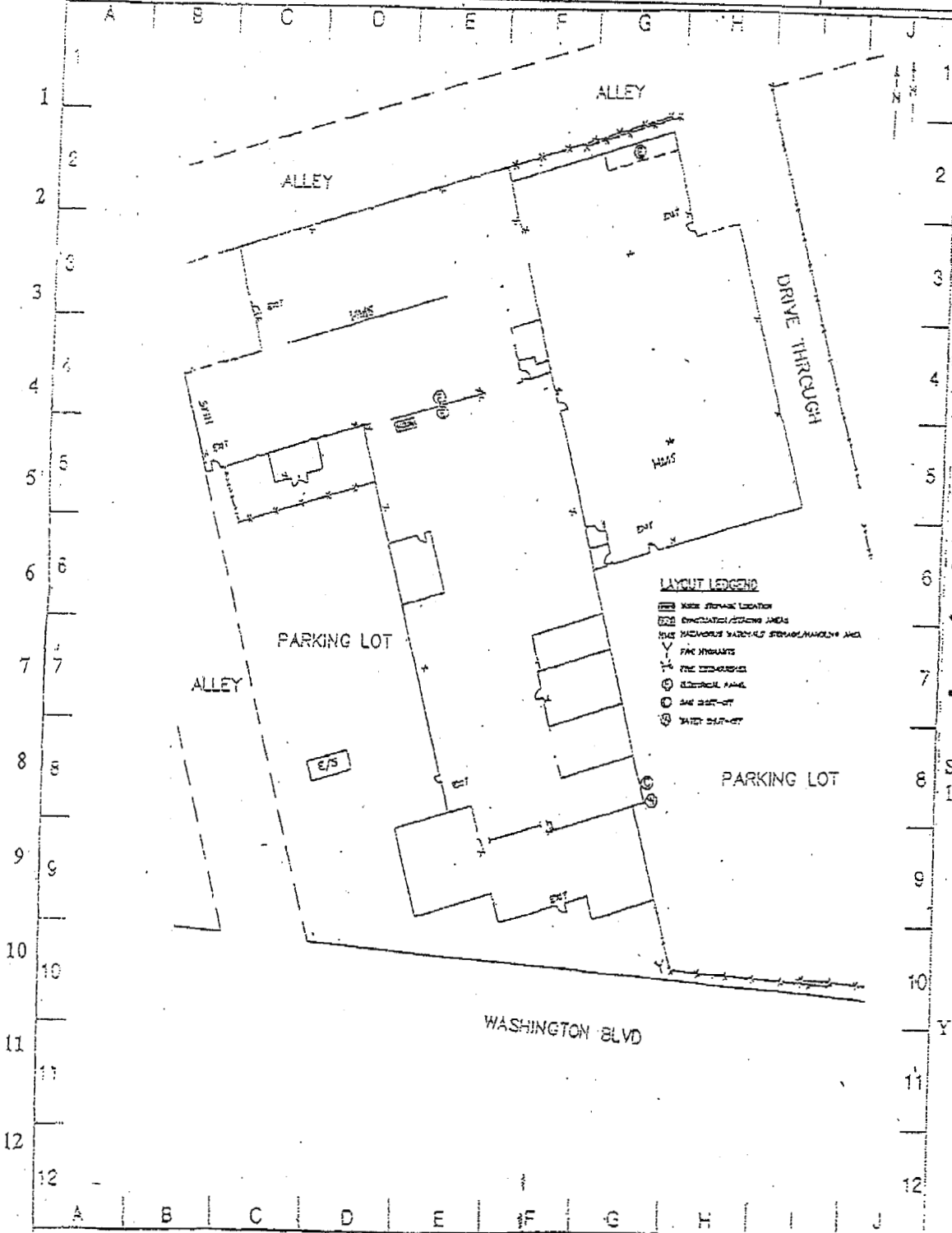
Item and/or Description	Location Code (LC)
MSDS STORAGE LOCATION	MSDS
EVACUATION/STAGING AREA	E / S
HAZARDOUS MATERIAL STORAGE/HANDLING AREA	HMS
FIRE HYDRANTS	Y
FIRE EXTINGUISHERS)----(
ELECTRICAL PANEL	(E)
GAS SHUT OFF	(G)
WATER SHUT OFF	(W)

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SITE MAP

FA# 29134

BUSINESS NAME FRED R. RIPPY, INC.		3	
SITE ADDRESS 12471 EAST WASHINGTON BLVD.		103	CITY WHITTIER
		104	ZIP CODE 90602
DATE MAP DRAWN	MAP #	FACILITY ID # 19-999-005309	
		1	



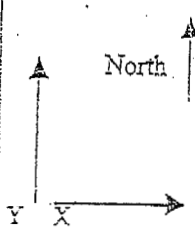
For Site Map

- Scale of Map
- Loading Areas
- Parking Lots
- Internal Roads
- Storm and Sewer Drains
- Adjacent Property Use
- Locations and Names of Adjacent Streets and Alleys
- Access and Egress Points and Roads
- Primary and Alternate Evacuation Routes

For Sub-Site Map

- Scale of Map
- Location of Each Storage Area
- Location of Each Hazardous Material Handling Area
- Location of Emergency Response Equipment

Scale:
1" = ____ Ft.



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DIV	BN	STA	OTHER	DISTRICT	CUPA	PA		

WHIT

[Handwritten signatures]